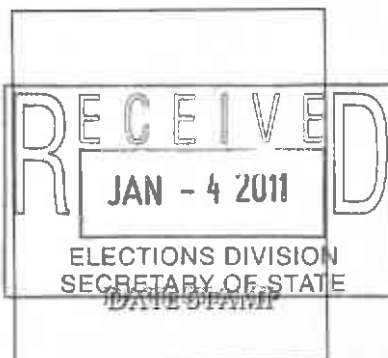


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
Special Election

Name of Committee Committee to Elect Jim Atchison  
Address 1966 Popp's Ferry Road, Biloxi, MS  
Telephone 228-388-4360 Fax \_\_\_\_\_  
Treasurer Christopher A Davis Email cdavis@davisfile.net



☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011).....Mandatory  
☐ January 25, 2011 Pre-Election Report (January 2, 2010 through January 22, 2010).....Runoff Candidates  
only  
☐ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make  
campaign expenditures and has no outstanding campaign debt obligation) Required to terminate  
reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$6500 + \$1004	\$ 7504	\$ 7504.00
Total amount of disbursements	\$4430.99 + \$96.80	\$ 4527.79	\$ 4527.79
Total amount of cash on hand		\$ 2976.21	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Ch A Davis  
Signature of Director or Treasurer

12-28-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jim Atchison  
 Reporting period Nov 2010 through 12-28-10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tom Harvey</u>	<u>11/18/10</u>	\$ <u>500-</u>
Mailing Address <u>2354 Beau Chene</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Biloxi, MS 39532</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>N/A</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DAVIS Title Company, LLC</u>	<u>11/29/10</u>	\$ <u>1000-</u>
Mailing Address <u>2550 Marshall Rd, Ste 300</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Biloxi, MS 39531</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>Chris Davis</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1000-</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Schwartz, Orgler &amp; Jordan, PLLC</u>	<u>12/2/10</u>	\$ <u>500-</u>
Mailing Address <u>15487 Oak Lane Drive, Ste 2001</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Gulfport, MS 39503</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>N/A</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500-</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gulf Coast Produce Distributors, Inc</u>	<u>12/9/10</u>	\$ <u>1000-</u>
Mailing Address <u>P.O Box 961</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>	<u>1/1/10</u>	\$
Name of Employer (Required) <u>N/A</u>	<u>1/1/10</u>	\$
Occupation (Required) <u>Produce distribution</u>	Aggregate year-to-date	\$ <u>1000-</u>

Name of Candidate or Committee Jim Atchison  
 Reporting period Nov 2010 through 12-28-10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brian and Angelia Clark</u>		<u>12/28/10</u>	\$ <u>500-</u>
Mailing Address <u>418 Carmargue Lane</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Biloxi MS 39531</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>Re/Max Results in Real Estate</u>		<u>1/1/10</u>	\$
Occupation (Required) <u>Realtor</u>		Aggregate year-to-date	\$ <u>500-</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pinnacle Investment Group LLC</u>		<u>12/21/10</u>	\$ <u>500-</u>
Mailing Address <u>769 ME Lane Lane</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Biloxi MS 39532</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/10</u>	\$
Occupation (Required) <u>Real Estate Investment</u>		Aggregate year-to-date	\$ <u>500-</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bankcorp South Bank</u>		<u>12/17/10</u>	\$ <u>500-</u>
Mailing Address <u>P.O. Box 789</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Tupelo MS 38802</u>		<u>1/1/10</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/10</u>	\$
Occupation (Required) <u>Banking</u>		Aggregate year-to-date	\$ <u>500-</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/10</u>	\$
Mailing Address		<u>1/1/10</u>	\$
City, State, Zip Code		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Jim Atchison  
 Reporting period Nov. 2010 through 12-28-10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mark Mavar</u>	<u>12/6/10</u>	\$ <u>1000-</u>
Mailing Address <u>P.O. Box 730</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Biloxi MS 39533</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Biloxi Freezing and Processing</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Seafood Processing</u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Net Lease Developers, LLC</u>	<u>12/9/10</u>	\$ <u>1000-</u>
Mailing Address <u>286 Beauvoir Rd, Ste 200</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Biloxi MS 39531</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Real Estate Broker</u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Jim Atchison  
 Reporting period Nov. 2010 through 12-28-10

## ITEMIZED DISBURSEMENTS

A. Full name <u>Shaughnessy Printing Co.</u>	Date (Mo., Day, Year) <u>12/14/10</u>	Amount of each disbursement this period \$ <u>488.99</u>
Mailing Address <u>234 Caillavet St.</u>		
City, State, Zip Code <u>Biloxi MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>AmeriMail Digital Direct LLC</u>	Date (Mo., Day, Year) <u>12/28/10</u>	Amount of each disbursement this period \$ <u>3950 -</u>
Mailing Address <u>P.O. Box 2174</u>		
City, State, Zip Code <u>Jackson, MS 39225</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$